

# Differences in self-esteem and personality profile of recovering drug addicts, residents of a TC drug rehabilitation program and government drug treatment program'

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**ABSTRACT:** *The purpose of this paper is to compare the self-esteem and personality profile of recovering drug addicts and residents who are still in treatment. Two types of treatment facilities are involved, that is the Serenti government drug rehabilitation center and Pengasih House, an NGO that employed therapeutic community (TC) approach to rehabilitate persons addicted to drugs. Data were collected from the recovering drug addicts of the house and residents from government treatment programs. Respondents were required to answer a battery of test consisting of the Coopersmith Self-Esteem Inventory, the 16PF and questions related to demographical and personal information. This study found that the level of self-esteem among the recovering drug addicts who have been drug free for more than 2 years differ significantly than those who are still in the program. However, there is no significant difference in the personality factors between the two groups. This support the hypothesis that the personality of drug addicts remain fairly stable over time and that it is one of the factor that promote relapse among recovering drug users even after a long period of abstinence.*

## INTRODUCTION

Malaysia is facing a plethora of social problem; one of this is drug addiction, which had long being recognized as serious problem at an epidemic proportion. As of 2004, Malaysia has recorded a total of 274,420 drug addicts in the country, with more than 19,810 individuals identified as new cases of addiction in 2004 alone. In 2000, the national incidence rate is 9 drug addicts per 1000 population with a range between 22: 1000 and 1: 1000 for states such as Federal Territory, Kuala Lumpur and Sarawak.

Malaysia spent a total of RMY973.68 million for drug program from 1996 to 2000, and the annual budget has been increased steadily over the years. This budget is allocated to address the national drug strategy which is enforcement, prevention, rehabilitation, international collaboration and human resource development. The most significant portion of this allocation (67.6%) goes to enforcement, followed by a 29.3% for treatment and rehabilitation, and 3.1% for prevention

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(1996-2000 Budget). This allocation includes the operation of the government drug treatment and rehabilitation facility (Serenti) and the aftercare program. At present, there are 27 Serenti Rehabilitation centers in the country, providing rehabilitation service for about 10,000 drug addicts from various categories ranging from hardcore drug addicts to individuals using recreational drugs.

## **DRUG TREATMENT AND REHABILITATION IN MALAYSIA**

To combat its drug problem, Malaysia employed the demand and supply reduction strategies. Lately some harm reduction strategies have been approved by the government to intervene with the spread of HIV especially among the IDUs. Drug treatment is primarily conducted by employing various modalities such as detoxification, medical, family, religion, and spiritual-based methods. The government allocated a significant portion of resources for this purpose. As mentioned earlier, the Serenti Program is a government drug treatment and rehabilitation program in the country. Specifically, this program uses the psychosocial approach to drug rehabilitation which applies a combination of medical and non-medical assisted detoxification, physical, social, psychological, religious/spiritual, occupational and familial rehabilitations.

There are other rehabilitation facilities that extend their services to individuals addicted to the psychoactive substance. Other than the Serenti centers, the Prison Department has the largest number of drug addicts who are also inmates that undergo drug rehabilitation program. Others include private clinics which provide detoxification and NGOs providing drop-in, counseling, halfway houses and full residential rehabilitation programs.

This paper focuses on differences between recovering drug users and those residents still in drug treatment centers.

## **THE TC APPROACH TO DRUG TREATMENT AND REHABILITATION**

The origination of substance abuse treatment for criminal offenders is somehow credited to the opening of two U.S Public Health hospitals in the 1940s (Leukefeld & Tims, 1992). Therapeutic Communities (TC) are residential drug treatment programs where inmates usually are housed in separate unit in the facility (Inciardi & Martin, 1993).

In general TC participants stay in the program for about nine to 12 months. They are then phased into independent living environments in the community with continued contact with TC staff and other professionals. TC provided highly structured environment where patients participate in resocialisation, intensive therapy and behavior modification and are given increasing responsibilities as they progress through the program. TC is designed for individuals with serious drug problems and some evaluations have concluded that these programs reduce recidivism (Gerstein & Harwood, 1990).

TC is usually situated in large private homes that hold 15 to 100 residents (average is 40). The staff primarily consists of reforming addicts and a limited number of professionals. Typical length of stay is 9 to 18 months, although dropout rates are high. A central dimension of treatment is resident involvement in all aspects of the facility's operating, including administration, maintenance, and food preparation (De Leon & Ziegenfuss, 1986). To enhance a sense of self-reliance within the community, as well as minimize cost, outside workers are rarely used (Wexler, 1995).

There is a hierarchical structure to the organization of TC. At the top of the hierarchy, a charismatic leader commands the respect of staff and residents. As former addicts, these leaders are important role models for all participants. The concept of the credible role model who has demonstrated the efficacy of the treatment by his/own personal achievement is major program component (Wexler, 1995: Wexler, Melnick, Lowe & Peters, 1999).

All staff and resident roles are aligned in hierarchical fashion and there is an explicit chain of command. New residents are assigned to work terms with the lowest status, and are responsible for the most menial maintenance tasks like cleaning toilets. As the residents demonstrate increased competency and emotional growth, they are moved up the hierarchy, earning positions with improved status and privileges. These rewards are highly reinforcing. Success within the TC requires surrendering to healthy authority and developing a new set of expectations for moving into positions of power (Wexler, Blackmore & Lipton, 1991; Wexler, 1995).

As in all other TC, group meetings are central to house operations and treatment. A typical day begins with a morning meeting which covers program and individual announcements, criticisms for improper behavior (*'pull-ups' and 'image breakers'*) and morale building exercise (e.g., *comedy routines and/or singing*). General meetings are

periodically called by staff to 'tighten-up' house operations and confront residents on sloppy work habits and poor attitudes (Wexler, 1995).

The primary therapy sessions are encounter groups, held two or three times a week (Kennard, 1983; Wexler, 1995). These groups are intense confrontational sessions geared to destroy defenses, and disturb residents with comments on their 'dope fiend' mentality and immature behavior. The encounter also provides opportunities to share helpful information on how to make the positive changes needed to become successful in the TC. Residents are expected to contain normal emotional reactions in everyday situations until the next encounter session (Wexler, 1995; Wexler, Blackmore & Lipton, 1991)

Efforts are made to inspire residents to higher levels of competency by constantly providing new challenges. For example, TC staff is quite artful in sensing when a resident is becoming too comfortable in a job function. The staff member then proceeds to institute a job change, which provides avenues for residents to learn to develop appropriate levels of tolerance, effective ways of handling frustration and stress and appropriate ways of expressing their feelings (Graham & Wexler, 1997). During encounters, residents share feelings and the intimate details of their lives, which help strengthen bonds between residents and staff. These bonds are important as residents endure the painful process of successful rehabilitation (Wexler, 1995).

Regular group sessions are supplemented with special 'marathons' extended groups that last from 24 to 48 hours. Generally held periodically, these sessions are viewed with a mixture of awe, trepidation and hopeful expectation. Many consider these sessions as important spiritual events which transform the lives of participants. Residents and staff have recalled profound emotional experiences and in sights long after the completion of marathon (De Leon, 1995; Wexler, 1995).

The emotional experiences that occur in encounters and marathons tend to open up the deeper conflicts and problems that inhibit maturation. These deeper issues are attended to in a variety of ways (Simpson, Rowan-Szal & Greener, 1997). Individual counseling provides members with opportunities to work through these important issues. Advanced group, called 'tutorials', recomprised of residents who have been in the program longer and the more clinically astute staff members (Wexler, Falkin & Lipton, 1990; Wexler, 1995).

There are several basic requirements for successful outcomes within the TC. A primary condition is the acceptance of the '*act as if*' concept, which requires that new residents suspend judgment and make believe that they accept the basic TC values and rules of conduct. The resident continues to '*act as if*' until the positive community values and attitudes become internalized. Maturity develops as specific roles and responsibilities are undertaken (Wexler, 1995). The hierarchical character of the TC facilitates the working through of authority problems, which prepares residents accept appropriate authority and to assume responsible roles within society. The intense TC atmosphere provides a blend of confrontation and support that enables residents to undergo the arduous changes necessary for successful rehabilitation. Open discussion and the sharing of intimate experiences helps develop the skill necessary for positive and stable relationships. Finally, many efforts are made to connect residents to the external community during the latter phases of treatment. Many of the relationships formed with peers in the TC extend into the community and provide ongoing support after program completion (De Leon, 1995; Wexler, 1995; Mullen, Arbiter & Glider, 1991).

## **PENGASIH AND THERAPEUTIC COMMUNITY**

PENGASIH is a self help organization, registered as an association in Malaysia since 25<sup>th</sup> September 1991. It is the only organization in country in which its members comprise of recovering and former drug addicts of 18 years old or more. PENGASIH is being managed exclusively by recovering drug addicts since its early days of establishment. Within its 23 years of existence, PENGASIH has play a pivotal role in providing alternative drug treatment and rehabilitation to persons who use, misuse or abuse drugs through a multitude of creative prevention and rehabilitation programs.

As mentioned before, the main drug treatment and rehabilitation program is being provided by the Malaysian Government, under the control and supervision of the National Drug Agency. Since the early 1980's, fully residential Serenti drug treatment and rehabilitation centers were established to provide a comprehensive psychosocial, medical, physical, spiritual and occupational rehabilitation (ADK, 2001). Besides these rehabilitation centers, there are similar drug treatment and rehabilitation conducted in government hospitals and clinics (detoxification facilities), prisons (for criminals and other prison inmates who are addicted to drugs), private clinics (detoxification and medical facilities) and non-governmental rehabilitation centers who are

required to register with the NDA for the purpose of monitoring and funding.

Modeled after TC houses and programs such as Day Top in the United States, the establishment of Pengasih House operates on the philosophy that *"God will not change the person so long if they are not willing to change themselves"*. It employs the self-help approach, that is helping others to help oneself (*The Helpers Therapy*). The mission of Pengasih House is to help reforming addicts to live a drug free life, to give them continuous hope for recovery and to relay the message of hope and recovery to all drug addicts in the country. Its objectives are to help and assist reforming drug addicts to be drug-free and give support to drug addict to recover from their addiction; and to prevent youth from getting involve with drugs. As such, the vision of the House is to transform drug addicts into persons who prescribe to the teaching of their religion responsible and productive to their own selves, families and the country.

Therapeutic community modality view drug addiction as a manifestation of some hidden problems that can be psychological, emotional or behavioral. Therefore, the objectives of TC is to treat drug addicts of their dependence towards drugs; to introduce a set of values, attitude and behavior in the process of restructuring their personality; to help drug addicts maintaining a healthy lifestyle; and to reintegrate reforming addicts into society as normal, productive and good individuals.

These objectives are also used as the aims of Pengasih House in the effort to ensure total recovery among the drug addicts under going their rehabilitation program. These aims are translated to specific therapeutic activities which are as follows: Pre-Morning Meeting, Morning Meeting; Advice and Counseling (Spoken To and Dealt With); Seminars; Hair Cut and Spare Parts, Job Functions; Group Sessions; Static Group; Sharing/Probing Group; Peer Confrontation; Marathon Group, Daily and Weekend; Wrap-up; and Religions Activities.

Other than the treatment house, Pengasih has established several interrelated programs to achieve the objectives. These programs are:

- i. Pengasih House – This is the primary treatment and rehabilitation program which is rooted in the Therapeutic Community modality.

- ii. Bakti Kasih Project – This is an outreach and drop in program which provide assistance and care for intravenous Drug users (IDUs) with HIV-positive and AIDS.
- iii. Sinar Kasih Program – This is a continuation of the TC rehabilitation program which provide strategies of integration with society (Re-entry program)
- iv. Seruan Kasih Program – This is basically an outreach program conducted by PENGASIH to offer rehabilitation services to drug addicts and users.
- v. Sidang Kasih Program – This is a support group that is conducted for residents, recovering drug addicts from Pengasih House and for those interested to join a support group.
- vi. Muara Kasih Program – This program provides halfway house for rest and recreation for drug addicts with HIV-positive or AIDS.
- vii. Lautan Kasih Program – This is an international program between PENGASIH and its many counter parts a round the world.

The important component of the Pengasih House rehabilitation program is the aftercare program. Residents completing the primary treatment program are required to enroll in the re-entry and later the aftercare and alumni program for continuous support. On top of that successful residents will be invited to be clinical staff members of the House.

## **METHODOLOGY AND FINDINGS**

Between 1997 and the year 2002, Pengasih Malaysia has provided rehabilitation to a total of 657 residents from Malaysia, Indonesia and other neighboring countries. A total of 45 respondents were selected from the 1997-2000 list of recovering drug addicts. Two experienced drug researchers interviewed all respondents. Information pertaining to demographic profile, past drug use pattern and experience and their psychological profile were ascertained.

The study also measures their self-esteem and personality or psychological profile of the respondents. This information was

gathered by the use of the Coopersmith Self-Esteem Inventory and Cattell's 16-Personality Factors test. These data were compared with previously collected data from the drug addict population. One data set is from a doctoral dissertation (Mahmood, 1995), and another one is from a masters thesis (Yahya Don, 2000).

## **SELF-ESTEEM**

Table 1 shows that the self-esteem scores of the ex-residents or recovering drug addicts from Pengasih are higher compared to the scores obtained from drug addicts. The Coopersmith Self-esteem Inventory (CSEI) measures general self-esteem and self-esteem related to their own self, their family, peers and working environment. A higher self-esteem means that the individual values themselves at par or better than most people, feels good about themselves and believe that they have worth at least as worthy as most people. Mahmood (1995) argued that improvement in self-esteem is an important indicator of success because it showed that the person addicted to drugs have a more positive view and values as compared to when they are still addicted to drugs.

**Table 1: Self-esteem of ex-residents (RDA) and residents**

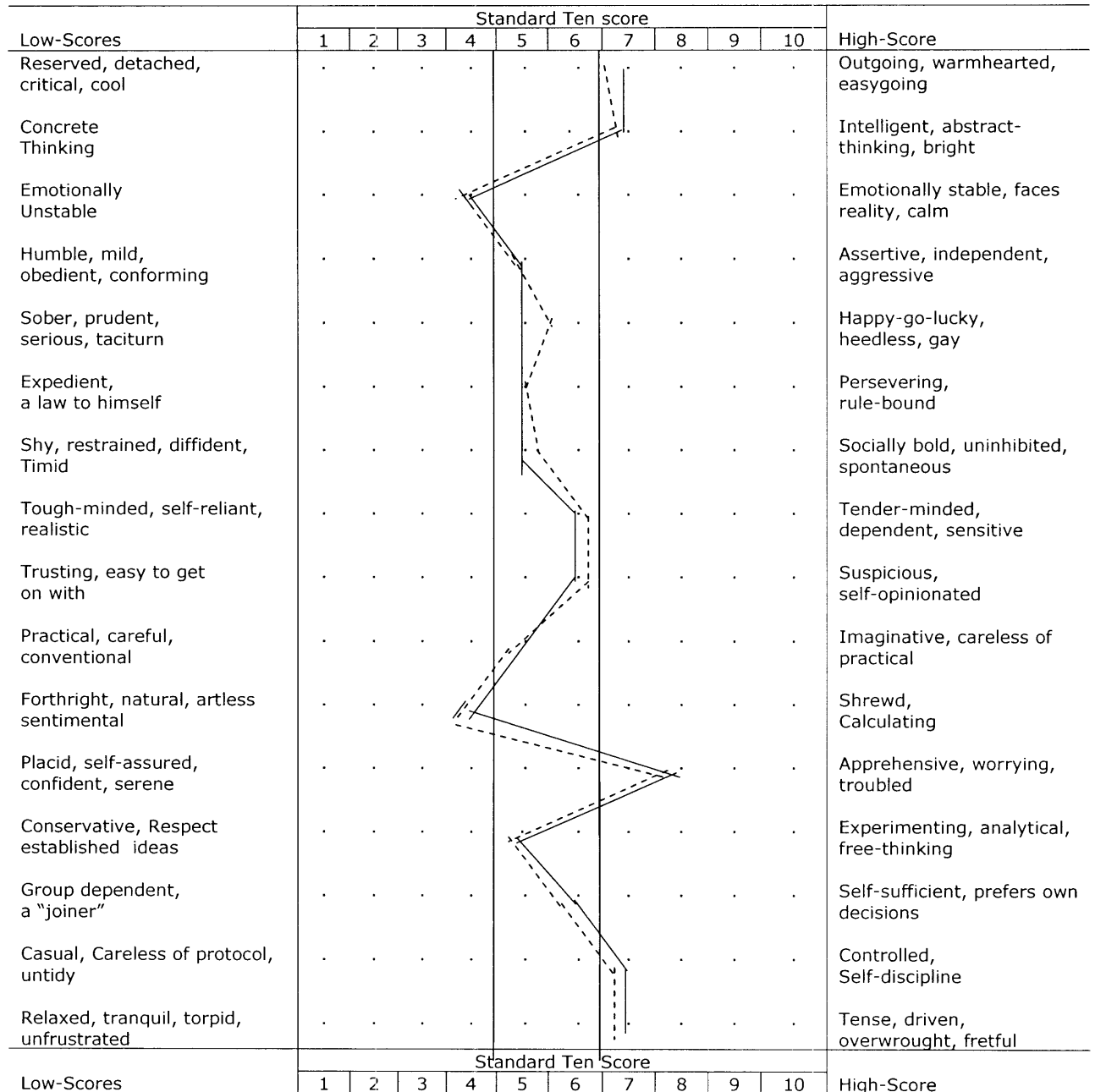
<b>Measures</b>	<b>Ex-residents (RDA)</b>	<b>Serenti residents</b>
Self-esteem (Total)	2.9	2.5
Self-esteem (Self)	3.3	2.9
Self-esteem (Family)	2.1	1.8
Self-esteem (Peer)	1.9	1.5
Self-esteem (Work)	2.1	1.6

## **PERSONALITY PROFILE**

Personality profile is a characterization of a person's psychological make-up that is quite permanent. Cattell proposed that even though personality is constant, it could however change over time with continuous exposure to certain stimuli. For example, a woman working amongst men will, over time, develop a more adaptive attitude towards men's style and behaviors. Also, a drug addict undergoing treatment should acquire some of the changes intended during rehabilitation.



**Figure 1**  
**Personality Profiles of Ex-Pengasih Residents (n=48)**  
**and the drug addict population (n=150)**



———— RDAs  
 ----- Residents

**Table 2: Scores for the 16PF between Recovering Drug Addicts and the residents**

<b>No</b>	<b>Factors</b>	<b>Traits</b>	<b>RDAs (n = 48)</b>	<b>Residents (n = 150)</b>
1	A	Reserved, detached-Outgoing, easy-going	6.06	6.21
2	B	Concrete thinking - Abstract thinking	6.81	5.98
3	C	Affected by feeling - Emotional Stable	3.75	3.12
4	E	Conforming - Independent	4.89	4.48
5	F	Serious, sober - Happy go lucky	5.54	5.04
6	G	Expedient - Persevering	5.02	5.32
7	H	Shy - Spontaneous	5.25	4.79
8	I	Tough minded - Tender minded	6.39	6.52
9	L	Trusting - Suspiciousness	6.35	6.58
10	M	Practical - Imaginative	4.68	5.62
11	N	Forthright - Shrewd	3.75	4.91
12	O	Self assured - Apprehensive	7.75	8.00
13	Q1	Conservative - Experimenting	4.77	4.98
14	Q2	Group dependent - Self sufficient	5.77	6.25
15	Q3	Casual - Disciplined	6.87	6.34
16	Q4	Relaxed - Tense	6.81	5.99

**Table 3: Some differences on the personality factors between Recovering Drug Addicts and the residents**

Factor B	Recovering drug addicts exhibit more intelligent and abstract thinking patterns when compared to the drug addict group.
Factor C	Recovering drug addicts exhibit lesser emotional instability when they are compared to the drug addict group.
Factor E	Recovering drug addicts exhibit lesser conformity behavior compared to the drug addict group.
Factor I	Recovering drug addicts exhibit lesser dependency or sensitivity compared to the drug addict group.
Factor L	Recovering drug addicts exhibit lesser suspiciousness trait when compared to the drug addict group.
Factor M	Recovering drug addicts exhibit more practicality trait compared to the drug addict group.
Factor N	Recovering drug addicts exhibit a more forthright and natural trait compared to the drug addict group.
Factor O	Recovering drug addicts exhibit a slightly less apprehensiveness compared to the drug addict group.
Factor Q3	Recovering drug addicts exhibit a slightly more discipline and self-control when compared to the drug addict group.

The personality profile of the recovering drug addicts from Pengasih House and residents are as shown in Table 2. In general, it was found that the recovering drug addicts and residents exhibit the same general personality profile (Figure 1), but there are some quantitative differences that show improvement in the profiles of the residents (Table 3)

## **DISCUSSION**

The success of TC comes from its program and the people who manage and operate it (DeLeon, 1995). Various studies pointed out that the closely knitted family structure such as practiced in the TC modality provide residents with a sense of belonging and support during difficult times. Furthermore, the rehabilitation program continues on even after residents left the treatment facilities, where they are guided to re-adapt themselves with society through the aid of various support groups.

This is also evident in the TC program employed by Pengasih House. While the treatment program focuses on challenging unrealistic behaviors, irrational emotions and feelings and thought patterns, residents are given adequate support while in the treatment house and after they left. Upon completion of the program, residents are placed in the aftercare and re-entry program where they will be guided to adapt to the society. Continuous support in the form of peer support group and family support helped them to ease the difficulties of re-entry back into society.

The TC views drug addiction as a symptom of immaturity. Wexler (1995) argued that this is because the individual is unable to delay his or her gratification, fails to take responsibilities in their life, unable to tolerate frustration, low tolerance level to stress and anxiety and have difficulties in maintaining a healthy and stable relationship. When all these compounded together with their addiction problem, it resulted in drug addicts having a low self-esteem. Therefore, improving the self-esteem is contingent in many drug treatment and rehabilitation programs.

This study observed that a heightened level of self-esteem among the recovering drug addicts who completed their rehabilitation at Pengasih House as compared to residents of Pengasih and government treatment programs and it is evident that the rehabilitation program that they went through has contributed to this change. Increase in self-esteem has also proven in much other research such as DeLeon et al. (1986), Leukefeld & Tims (1992), Mahmood (1995), Graham et al. (1997), Mahmood et al. (1998), Mahmood et al. (1999) Therefore in this context we can say that a positive change in self-esteem is an indicator of the success of a drug treatment and rehabilitation program

This study also looks at their personality and try to ascertain if there are any distinct departures from the personality profile of a person still deeply and seriously addicted to drugs. Upon comparing the personality profile of the recovering drug addicts of Pengasih House and that of a specific drug addict population, it was evident that there was no distinct difference between the two. We observed a near similar profile for the two groups as shown in Figure 1. Why is this so? Does it mean that these two groups are psychologically the same?

Baron (1989) argued that personality is the fairly stable trait or characteristic overtime and these traits are unique to an individual, When compounded together, these set of personalities will be characteristic to the sub-population such as housewives, airline pilots,

accountants, homosexuals, and drug addicts. However there are debates that argued that people do not possess lasting traits (Mischel, 1977), however there is a greater body of literature that indicated otherwise. This explains the fact that individuals or group of individuals behave consistently at different times and in a wide range of situations.

Therefore, a similar personality pattern seen in these two groups indicated the characteristics of a drug addict. Similar pattern are seen in Mahmood (1995). According to Schoenewolf (1990), overtime, personality traits can change through intensive psychotherapy, and in fact, that is the purpose of psychotherapy that is to restructure the personality. This provides the avenue to alter maladaptive personalities to take a new, healthier and more functional form so that the individual can function well in their milieu.

However, if we look at the treatment process of TC, we will observe that it does not work towards the alteration of personalities. First, TC primarily employs group meetings, in which the primary mode of therapy is the encounter group held two to three times in a week (Kennard, 1983; Wexler, 1995). Secondly, a lot of the learning process to alter behaviors, handle frustrations, and managing stress are done through role modeling process (Graham & Wexler, 1997). The sharing of experience and feelings made them learn from each other on how to solve problems and issues, and since they learn from the true experience of others, and if it works for them, then it should also work for me. Thirdly, deeper issues and profound emotional experiences are managed in 'marathons' or extended group sessions, where experiences in these groups are used to investigate deeper conflicts and addiction issues. Some individual counseling session provide members to work out similar issues (Simpson et al., 1997; Wexler et al., 1990; Wexler, 1995).

Grotjahn (1993) who discussed extensively on analytical group therapy did not even dwell on the issue on personality restructuring as for it is not the intention of such group sessions to change the stable traits of a person or group members. Groups merely open up issues that are similarly experienced by group members. Schoenewolf (1990) suggested that such restructuring must be done in individual psychotherapy or psychoanalysis with a qualified clinical psychologist or psychoanalyst. Beyond this, the individual's personality, be it adaptive, maladaptive, neurotic or even psychotic, will be relatively stable and difficult to change.

With this argument, it is evident that the TC method to drug treatment and rehabilitation do not change or restructure the personality of residents because they "*do not have the right tools for the job*". Group sessions, confrontations and marathons are pragmatic tools and methodologies used to change an addict's worldviews, and their way of handling issues, making priorities and avoiding pitfalls, however it is unable to restructure the personality. Therefore it is acceptable to surmise that personality change is not an indicator of most of drug treatment effectiveness and this also applies to the TC modality.

## CONCLUSION

In conclusion, this article has described the TC program conducted by Pengasih House for the treatment and rehabilitation of drug addicts. In addition, this paper also discussed the indicators of success of the TC program where it was found that in comparison with drug addict population, recovering drug addicts of Pengasih House who has undergone the TC treatment program has a higher level of self-esteem. However, there is no marked difference in their personality traits as for it was not the purpose of TC to perform such task. This also shows that there are possibilities that recovering drug addicts will relapse back into addiction if they are faced with undue stress, tension and conflicts. This also lends some support to the "chronic relapsing disease" model proposed to explain the dynamics of addiction. However, further studies have to be undertaken to investigate it further.

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